

RCHS-AN (AECP)

SUBJECT: Army Medical Department (AMEDD) Enlisted Commissioning Program (AECP) FY 04 Information and Application Guidelines

RCHS-AN (AECP)

April 22, 2003

MEMORANDUM FOR Prospective Army Medical Department Enlisted Commissioning Program Applicants

SUBJECT: Army Medical Department (AMEDD) Enlisted Commissioning Program (AECP) Information and Application Guidelines for FY 04.

1. Facts.

a. The AECP provides eligible active duty soldiers the opportunity to complete a baccalaureate degree in nursing (BSN), become a registered nurse (RN), and be commissioned in the Army Nurse Corps (active component). Participants continue to receive their current pay and allowances during school while in the program for up to 24 consecutive months of enrollment. This program funds academic costs of up to \$3,000 per semester or \$2,250 per quarter.

b. Deadline for receipt of applications for FY 04 is 2 January 2004. The selection board will convene on 27 January 2004. No exceptions for late applications will be considered.

2. Eligibility.

a. The applicant must be an enlisted member of the active component in the U.S. Army with a minimum of 3 years active military service. Waivers for minimum time in service (TIS) will be approved or disapproved by PERSCOM on a case by case basis.

b. PERSCOM clearance will be obtained if the soldier has a remaining service requirement for MOS or reclassification training. **IMPORTANT: If the soldier comes down on PCS orders, whether in CONUS or OCONUS, during the timeframe that the soldier is applying to AECP, the soldier "MUST CONTACT" their respective MOS branch manager at DA PERSCOM and inform that office regarding the soldier's application status to AECP. The soldier may also provide PERSCOM with the AECP Program Manager's (SFC Charles W. Bradshaw) e-mail address and phone number for PERSCOM's verification. The soldier will also provide, via e-mail or in writing, verification to the AECP Program Manager that he/she has contacted DA PERSCOM.**

c. Applicant's time in service (TIS) **should not exceed** 10 years of active component enlisted military service at the time of commission. Waivers may be submitted to the program manager.

d. The applicant must be within 24 consecutive calendar months or less **(non-waiverable)** of obtaining a bachelor's degree in nursing from an accredited and approved educational institution with an academic and clinical curriculum in English, and which prepares graduates for NCLEX-RN licensure.

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e. The applicant may not be considered if currently scheduled for or attending MOS training resulting from an approved reclassification or reenlistment contract. However, prior to attending training, soldiers may request cancellation of a voluntary reclassification or waive the reenlistment contract IAW AR 601-280. **Applicants must extend or re-enlist to have at least 36 months of time remaining on Active Duty after graduating from the BSN program, based on projected date of graduation.** Soldiers will retain their current rank/pay grade (unless promoted while in AECP) until commissioning. Participants in the AECP may be promoted during school if their promotion sequence number or cutoff score is reached. Reenlistment bonuses will end upon entry into the AECP.

f. **The AECP Program Manager will initiate final PERSCOM clearance for board selects.** The appropriate career management field, U.S. Total Army Personnel Command (PERSCOM) will give final clearance for AECP selects to participate and start full time study. The applicant will complete the mandatory service remaining requirement (SRR) for MOS training prior to attending the AECP program course. PERSCOM Enlisted Branch Managers and Reclassification section may defer school attendance one year for those soldiers whose release would compromise Army readiness. Applicants should have 12 months time on station (TOS) before applying. Deferment may be authorized provided it will not jeopardize the selectee's eligibility to participate in the AECP.

g. **The AECP applicant must be:**

(1) Eligible for appointment as a commissioned officer in the U.S. Army Reserve (USAR) under the provisions of AR 135-100 and AR 135-101.

(2) Medically qualified for commissioned officer appointment IAW AR 40-501, Chapter 2 and in compliance with the height/weight requirements of AR 600-9. If required, a current "Body Fat Content Worksheet" will be included (certified true copy reviewed by the physician performing the physical).

(3) **The physical exam must be a Commission Physical (Chapter 2). This differs from a Retention Physical. (Please provide this section of the guidelines to the physician performing the Chapter 2 Physical).**

(4) Applicants **MUST** maintain medical eligibility during school enrollment and before commissioning. Pregnancy or changes in physical status during the program **MUST** be reported to the AECP Program Manager immediately. Changes may require a new Commissioning Physical.

3. School Selection / Acceptance.

a. In order to be boarded for AECP, the AECP applicant must be accepted (conditionally or unconditionally) to at least one college/university that meets all specified criteria. If the acceptance is classified as **conditional** (based on a later school selection board or needing to complete prerequisite courses), it is recommended that the soldier apply to more than one school to prevent the possible AECP selection to become null and void should the school of choice non-select the soldier for enrollment. Program success and tuition cost are the key criteria for school selection and most schools will honor in-

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state tuition when located in the student's state of legal residence or current domicile. Depending on the state's military agreement, current domicile **may be based** in Texas because of assignment to Ft Sam Houston with attachment to the college/university of choice. Applicants will ensure that the college/university is aware of attachment to the school with assignment to Ft Sam Houston to clarify receipt of the in-state tuition rate. Schools in Alaska, Hawaii or Puerto Rico must be pre-approved by the AECP Program Manager and/or AECP OIC. It is anticipated that money for PCS moves may be tied directly to educational funding, thus OCONUS PCS must be justified. The student should not submit more than 4 letters of acceptance from various schools of nursing. Students must rank school in order of preference with a brief explanation in the Applicants Letter of Purpose and Intent (see 4k). If selected for AECP, attendance will be required at one of the pre-approved schools listed in the application that meets all criteria for school enrollment. **The AECP selectee may be re-directed to attend a school other than their primary choice by the AECP Program Manager and/or AECP OIC.**

b. Army funding for tuition will not exceed \$3,000 per semester or \$2,250 per quarter. Any grants and/or scholarships **MUST** be applied to the tuition and will be subtracted from the \$3,000 per semester or \$2,250 per quarter cap.

(1) Should an applicant be accepted at a school where the semester/quarter tuition cost exceeds the AECP funding cap, and the student is awarded a grant and/or scholarship, the grant/scholarship monies will be applied toward payment of tuition. The applicant **MUST** prove, with official documents, that grants and/or scholarships cover the tuition overage. These documents must be submitted to the AECP Program Manager along with the application. The GI Bill and / or Pell Grant **cannot** be used in conjunction with AECP.

(2) Athletic scholarships may be used as long as the institution's Athletic Director supplies a letter of endorsement (on the institutions own letterhead) stating that the applicant's academics and clinical instruction will not be affected by athletic participation.

(3) Personal institutional loans or monetary support by family to cover excess tuition cost is highly discouraged.

(4) While in the AECP, the **student** must pay for any class that must be repeated. The student will be required to provide evidence of ability to pay for the class to be repeated **prior to any extension approval. Classes that need to be repeated need to be rescheduled and taken within the 24 calendar months initially contracted by the student.**

c. Selected schools must be accredited by an agency recognized by the U.S. Secretary of Education. The two accrediting agencies are National League for Nursing Accrediting Commission (NLNAC) and Commission on Collegiate Nursing Education (CCNE).

d. **You may only apply to a school that has an approved Educational Service Agreement (ESA) with the United States Army.** Contact the AECP Program Manager to see if your selected school qualifies.

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e. Students **are required** to attend a program where the academic curriculums as well as clinical rotations are conducted in English. No Exceptions.

f. Unconditional or Conditional "Letter of Acceptance" from the school(s) of choice must be included with the application (NO EXCEPTIONS).

(1) Applicants who must complete prerequisite courses prior to enrolling full-time in a nursing program are eligible to apply for the AECp. **However, those prerequisite courses must be completed and verified with an "Unconditional Letter of Acceptance" from the school prior to Request for Orders and program start date within the given FY. PREREQUISITE COURSES ARE NON-WAIVERABLE.** All courses required prior to enrollment in the nursing program will be at the expense of the student. The applicant must submit a memorandum to the AECp Program Manager outlining how and when specific prerequisites will be accomplished. If selected for AECp, the applicant must start the nursing program, full-time, within the fiscal year of selection. Selection will be revoked and the applicant may reapply the following year without prejudice.

(2) If a school grants conditional acceptance for anything other than completion of prerequisites, the student should seek acceptance at another school.

4. Application Documents.

a. **DA PHOTO** (centered and taped to plain 8.5X11 bond paper)

b. **Enlisted Review Brief (ERB) PERSONNEL QUALIFICATION RECORD** The soldier **WILL REVIEW** the ERB for accuracy. **Look closely at awards and decorations dependent/marriage status especially if in a dual military status.** The Military Personnel Office (MILPO) will certify it as a true copy.

c. **AKO RECORDS** All applicants will submit a copy of their AKO account OMPF table of Contents (Enclosure 1). Applicants in the rank of SGT or above will submit copies of their last two evaluation reports (NCOER), a copy of their last DA 1059, and a copy of their last three awards. Applicants in the rank of specialist and below should submit copies of all awards and evaluation reports (if applicable). The applicant can obtain a copy of the OMPF by accessing their OMPF through their AKO account and printing out the record. The OMPF record printout should be dated no earlier than 6 months prior to the application deadline. Include all prior service records (if applicable).

d. **MICROFICHE** To order your microfiche contact Ms. Avis Cline at EREC E-mail avis.cline@erec.army.mil or commercial fax 317-510-3361. You must include the following in the request: Name, Rank, SSN, address where microfiche is to be sent, and reason for submission (AMEDD Enlisted Commissioning Program selection board).

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e. **DA FORM 4187 PERSONNEL ACTION** Enter “AMEDD Enlisted Commissioning Program” in section III, block “other”. The soldier’s commander must sign this form with the date of signature within 6 months of application deadline. The “remarks” section must contain the applicant’s current:

(1) Height and weight IAW AR 600-9. Include “Body Fat Content Worksheet” results, if applicable.

(2) APFT results (pass or fail) and date within the preceding 6 months.

f. **MILPO ELIGIBILITY STATEMENT** This statement, signed by a MILPO official (OIC or NCOIC), verifies the applicant’s eligibility to apply for selection. It will be used to ensure that the soldier does not have any pending UCMJ action, bars to reenlistment, flagged records, etc. It is the responsibility of the soldier to ensure that this is sent to the AECP Program Manager. This statement will verify that:

(1) Records have been reviewed as required and the applicant is not currently pending UCMJ action, bar to reenlistment or flag action.

(2) Application does not contradict AR 600-8-2 (suspension of favorable personnel actions).

(3) The applicant is not on reassignment orders or pending reassignment.

(4) The applicant who holds MOS 91 W/M6 is currently licensed to practice as a LPN/LVN.

g. **LAST PCS ORDERS** The applicant must provide a complete copy of his/her last PCS orders to include all amendments. The order date and order number must be legible on all orders and amendments. These orders serve as verification that the applicant meets TOS requirements to apply for AECP.

h. **AECP APPLICANT’S LETTER OF UNDERSTANDING** This document clarifies program and individual requirements (see Enclosure 2 for essential elements of this letter). The Letter of Understanding must:

(1) Be typed in Memorandum format.

(2) Follow the sequence in the sample at Enclosure 2.

(3) **Display all verbatim phrases in quotations.**

(4) Be signed and include the applicant’s signature block.

(5) Must list a valid E-mail address and current phone numbers (home and business).

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i. **PHYSICAL EXAMINATION** The soldier must submit a **COMMISSIONING PHYSICAL IAW AR 40-501, Chapter 2**, along with the application. The physical must be less than one (1) year old at the January deadline for application submission. If applicant has a permanent profile that requires a waiver it needs to be submitted early in the process to allow time for approval/disapproval. Another physical examination **may** be required while attending school, and/or upon graduation if there are changes in physical status (to include pregnancy). Changes in physical status must be reported to the AECF Program Manager immediately. [See para 2. G. (3) & (4)]

j. **SECURITY CLEARANCE** If the soldier currently holds a “secret” security clearance, a letter from the soldier’s S-2 will be sent with the application for verification. If the soldier does not hold a “secret” clearance, it is the soldier’s responsibility to have the “secret” clearance initiated by their S-2. The soldier must submit a letter with the application stating this action was initiated and the date it was initiated along with a copy of the EPSQ. **If it is determined that a “secret” clearance cannot be obtained from the Investigation Service after acceptance to and participation in the AECF, the soldier may be removed from the program and reassigned based on the needs of the Army. The soldier will then be required to serve the incurred ADSO under his/her enlisted status and MOS based on the amount of time spent in the AECF.**

k. **LETTER OF PURPOSE AND INTENT** This brief but important letter is the applicant’s only opportunity to directly address the selection board. The letter permits the soldier to provide information not contained elsewhere in the application, to clarify or amplify application documents, and to explain the soldier’s particular qualification for the AECF. The letter should be no more than one page in length, typed single spaced, and should address the following (see Enclosure 3)

(1) Name, SSN, and a request to be considered into the AECF.

(2) A brief statement expressing why you think you should be considered.

(3) An explanation of why you want to be an Army Nurse.

(4) In order of preference, list the colleges you wish to attend and a brief explanation as to why you chose each college.

(5) Any other pertinent information that the board needs to know to assist in the consideration process.

l. **LETTERS OF RECOMMENDATION.** Two Letters of Recommendation (LOR) are required at a minimum, but not more than 4 LORs will be accepted. Each LOR should address the applicant’s duty performance, competency, oral and written communication skills, motivation, character, maturity, potential for successful completion of training, and applicant’s potential as an officer and leader. **The best LOR evaluates the soldier during the preceding 12 months. It is highly recommended that the LORs be the last action done before the packet is sent to the AECF Program Manager.** Please

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provide each LOR author a copy of your application to assist him or her in writing an objective recommendation. Letters of recommendation are **required** from the following individuals:

- (1) Applicant's Commander.
- (2) Applicant's Immediate Supervisor.
- (3) Applicant's Chief Nurse for any 91 series MOS and those stationed at either a Medical Treatment Facility (MTF) or Medical TOE Unit.

m. **ONE COMPLETE SET of OFFICIAL TRANSCRIPTS.** The applicant must request official transcripts for **ALL** undergraduate and graduate courses for inclusion in the application. If transcripts are in former names, ensure that name changes are noted. Transcripts stamped "**Issued to Student**" must be in a sealed envelope from the school. Transcripts in languages other than English must be translated prior to submission. **A transcript showing grades for courses in progress at the time of application should be forwarded for inclusion in the application packet.** It is the applicant's responsibility to ensure that official transcripts are sent from the college or university to:

Commander, HQ USAREC
ATTN: RCHS-AN-AECP
1307 3rd Avenue
Fort Knox, KY 40121-2726

n. **SCHOOL ACCEPTANCE LETTER (S).** Each letter of acceptance from a school **MUST** specify:

(1) Conditional/Unconditional acceptance to a BSN program as a **full time** student.

(2) Program of Study (POS): A detailed account of proposed course work by term. This may be on either official school letterhead or DA Form 2125. No photocopies of the course catalog will be accepted in lieu of the above mentioned official documents.

(3) The length of time required for completion of the degree or a statement that the student can complete the program in 24 consecutive calendar months or less.

(4) Any outstanding prerequisites (listed) or conditions to acceptance (specifically described).

(5) Expected start date (day/month/year).

(6) Expected graduation date (day/month/year).

(7) Projected cost of program. Projected cost of program may be accomplished either by a break down of cost per hour, per semester or total cost for program. This may also include cost of books, lab

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fees, parking and uniforms. Include a listing of all mandatory fees. Optional fee's should not be included in this breakdown and will not be paid for by the AECP program.

(8) All of the above **MUST** be described by an official school representative.

o. **DA Form 61 (application for appointment)** – Must complete the following Item # 7,8,9a,10,11,12,13,14,15,16,17,18,19,20 a/b/c,21a/b/c/d/e,22,23a,24,25,26,27,28,30,32,33 (see Enclosure 4).

p. **REQUEST FOR CONVICTION WAIVER** (if applicable): “Have you ever, under either Military or Civilian law, been indicted or summoned into a court as a defendant in a criminal proceeding (including any proceedings involving juvenile offenses, Article 15, UCMJ and any court-martial) regardless of the result of trial, or convicted, fined, imprisoned, placed on probation, paroled or pardoned, or have you ever been ordered to deposit bail or collateral for the violation of any law, police regulation or ordinance?” (Excluding minor traffic violations involving a fine or forfeiture of \$250 or less). If yes, the applicant **must** attach an affidavit listing the date and the nature of each alleged offense or violation, the name and location of the court or place of hearing, and the penalty imposed or other disposition of each case. The applicant will furnish a detailed statement in the affidavit as to the outcome of each case.

q. **OTHER SUPPORTING DOCUMENTATION** Applicants may wish to submit copies of awards or significant letters of commendation/appreciation received within the past 2 years that are not reflected in their OMPF. Additional documents should be submitted only if they are particularly noteworthy.

5. **Submission of Application.** Submit application to: Commander, HQ USAREC, ATTN: RCHS-AN-AECP, 1307 3rd Avenue, Fort Knox, KY 40121-2726

a. Place **unstapled, unfolded** documents in a manila file folder before mailing. Place the documents **in order**, using the guidance found on the “Application Checklist” at Enclosure 5. **DO NOT USE DOCUMENT PROTECTORS.**

b. Each soldier submitting an application will receive acknowledgment of receipt, and a request to furnish any additional documents if necessary.

c. Only complete applications will be submitted to the selection board. Use the “Application Checklist” at Enclosure 5 to ensure that the application is complete.

d. Applications will be returned if they are:

(1) From ineligible soldiers.

(2) Incomplete at the time of the board.

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c. If selected, applicants will be notified via e-mail and sent a hard copy letter **after** final PERSCOM approval has been granted. An official MILPER Message will also be generated.

6. AECP Selection.

a. Once selected for AECP, **the applicant is responsible for communicating any changes in continued eligibility status to the AECP program manager.** Such changes may include, but are not limited to:

(1) Inability to complete prerequisites that are required to allow the applicant to start the academic program in the fiscal year of selection to AECP.

(2) Inability to obtain an “Unconditional Letter of Acceptance” from the intended school of attendance no later than June of the year selected.

(3) A delay for any reason in starting the academic program in the timeframe as identified in the application.

(4) Changes in the length of the program extending completion beyond the 24-month limit.

(5) **Any** change in medical condition, which significantly changes one’s health, **could possibly** impact eligibility to complete the academic program in the specified timeframe, and/or affect commissioning as an officer. Examples of these circumstances may include, but are not limited to, a motor vehicle accident resulting in significant traumatic injuries or diagnosis of a chronic illness.

b. **Failure to meet all requirements throughout the time during which the applicant is selected for and/or enrolled to AECP can result in administrative deletion from the program.** The soldier would then revert back to his/her primary MOS. If any ADSO was incurred during enrollment to AECP, the soldier will serve that ADSO in the MOS he/she possessed at the time of application to AECP. The soldier may continue military services in that MOS if desired. If no ADSO was incurred, the soldier may elect to ETS the Army given all other active duty service obligations have been met.

7. AECP Administration.

a. While in the AECP program, soldiers will be assigned to the AMEDD Student Detachment (ATTN: MCCS-BHR-SD), AMEDD Center and School, Fort Sam Houston, Texas 78234-5018 (UIC 3VZ6A), with attachment to the college or university the soldier is attending.

b. AECP selects who reside in government quarters may be required to move even if the school is in the same geographic area. This is based on local installation decisions. The soldier in the AECP who does not reside in government quarters will receive BAH.

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c. The **soldier is responsible for sending academic reports, DA 2125, for each semester or quarter just completed and for the following semester/quarter to the AECP Program Manager.** If these forms are not received in a timely manner or not submitted at all, the tuition will **NOT** be paid for the following semester. Continued violations may result in being dropped from the program. Verification of contact information (to include address, e-mail, and phone) number must be confirmed each time DA 2125's are submitted.

d. Soldiers accepted into the program must meet all appointment criteria IAW AR 135-100 and AR 135-101 prior to graduation. Acceptance into the program does not guarantee appointment as an officer. When appointment is approved, the AECP graduate will process through a transition point at the AMEDD Center and School, be commissioned and assess into the Army Nurse Corps.

e. Active Duty Service Obligation (ADSO) - An applicant will incur an ADSO of 2 years for the first year or portion thereof. Participation for periods in excess of 1 year will result in an additional ADSO of one-half year for each additional one-half year or portion thereof until a maximum ADSO of 5 years is incurred. Soldiers must reimburse the United States government for cost of advanced education for taking part in a fully funded long term civilian training program if they voluntarily (to include conscientious objector), or as a result of misconduct, fail to complete the appropriate ADSO set forth in the regulation (AR 351-3) and their training agreement. The reimbursement amount will be determined under the following formula:

$$\frac{\text{Amount to be reimbursed} = \text{Cost of advanced education} \times \text{unserved portion of ADSO}}{\text{Total fully funded long-term civilian training program ADSO}}$$

f. Appointment as an officer in the Army Nurse Corps will be in an obligated status for a 3-year period. Applicants must be selected for career status to extend their term of commissioned service beyond this initial obligation. There are no guarantees for selection in a career status and applicants may be required to revert to their previous enlisted rank and MOS if they wish to continue active military service. If you are unable to serve in a commissioned status you will be assigned back into your enlisted MOS to serve your active duty service obligation (ADSO) of three (3) years.

g. Withdrawal or failure of NCLEX-RN testing

(1) An AECP select who enters a nursing school and either: a) fails to maintain satisfactory grades, or b) fails to complete the degree in the pre-arranged specified amount of time, may be removed from the program and reassigned based on the needs of the Army. The soldier will incur an ADSO based on the amount of time spent in the AECP IAW AR 351-3.

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(2) Extension for class withdrawals or failures, are granted on a case by case basis and must be explained in detail when requesting an extension. The student is responsible to request an extension (to the program manager) **PRIOR** to starting the next semester or the student may have to payback that semester's tuition if the request for extension is denied. Extensions must be requested early in order to avoid delays.

(3) AECP graduates will have 60 days from the date of graduation to study for and take the NCLEX-RN exam. **After 60 days (NCLEX pass or fail) AECP students may be attached to a local military unit, in their enlisted status, pending commission or disposition.** Upon notification of a successful second test result (if required), the individual will be transitioned into the Army Nurse Corps. If an individual fails the NCLEX-RN on their second attempt, he/she will fail to meet appointment criteria and will be immediately reassigned in his/her current MOS to serve out their incurred ADSO.

8. Applicable References Include:

- AR 40-501
- AR 135-100
- AR 135-101
- AR 600-9
- AR 624-100
- AR 340-16
- AR 351-3
- AR 600-8-2
- AR 601-130

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ENCLOSURE 1

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<input type="checkbox"/> NONCOMMISSIONED OFFICER EVALUATION REPORT (AR 623-205)	DA 2166-7		
Education and Training			
<input type="checkbox"/> CERTIFICATE OF COURSE COMPLETION (RESIDENT & NONRESIDENT COURSE)	CERT COMPL		
<input type="checkbox"/> CERTIFICATE OF COURSE COMPLETION (RESIDENT & NONRESIDENT COURSE)	CERT COMPL		
<input type="checkbox"/> CERTIFICATE OF COURSE COMPLETION (RESIDENT & NONRESIDENT COURSE)	CRS CMPL		
Commendatory			
<input type="checkbox"/> ORDERS ANNOUNCING THE AWARD OF BADGES, BARS, TABS	AWARD ORDER		
<input type="checkbox"/> COPY of AWARD CITATION WHEN NOT INCLUDED IN THE AWARD ORDER	CITATION		
Disciplinary			
Service			
<input type="checkbox"/> ENLISTMENT CONTRACT ARMED FORCES OF THE U.S.	PACKET		
<input type="checkbox"/> PROMOTION OR REDUCTION ORDERS	ORD PROMRED		
General Administrative			
Restricted			

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ENCLOSURE 2

MEMORANDUM FOR Commander, HQ USAREC ATTN: RCHS-AN (AECPP)

1307 3rd Avenue
FT Knox, KY 40121-2726

SUBJECT: AECPP Applicant's Letter of Understanding

1. "I request to be considered for participation in the Army Medical Department Enlisted Commissioning Program (AECPP). I will, if selected, enroll in a BSN program that meets all the criteria of the AECPP including program completion in 24 months. If appointment as a commissioned officer is not tendered or should I fail to complete the degree program, I understand that I will be required to serve in an enlisted status for the period specified by my enlistment, reenlistment, enlistment extension or service obligation incurred by participation in the AECPP."
2. "I understand that the active duty obligation for participation in the program is three (3) years. I further understand that the minimum service obligation as a commissioned officer is three (3) years."
3. "I understand my appointment, as an officer in the Army Nurse Corps will be an Obligated Volunteer status for a three (3) year period. I must be selected for Career Status to extend my term of commissioned service beyond this initial obligation. There are no guarantees for my selection in a Career Status, and I may be required to revert to my previous enlisted rank and MOS if I wish to continue active military service."
4. Soldiers who have received an **Enlistment bonus or selective Reenlistment bonus** will give the end date of the bonus, and **will add the following statement:** "I understand that, if selected for this training, I will refund the percentage of my bonus equal to the percentage of obligated service I will not perform in the specified MOS. My eligibility for bonus pay ceases on the date I depart my current duty station."
5. "I meet all basic prerequisites listed in the AECPP guidelines."
6. "I have received and reviewed my ERB personnel qualification record. It is current and accurate."
7. "I understand should I initially obtain a conditional letter of acceptance to my desired school of attendance, **I must obtain an unconditional letter of acceptance upon completion of any prerequisites and enroll in the program of study within the given FY, or I can be administratively dropped from AECPP.**"
8. "I understand that courses required by the school prior to entry into the nursing program will be at my own expense."
9. "I understand that there is a tuition cap of \$3,000 per semester or \$2,250 per quarter. I further understand that only on a case by case basis may I apply to a school that exceeds the tuition cap. I am aware of the fact that I must pay for any tuition in excess of the tuition cap and I am also aware that I **CANNOT** use the GI bill and/or Pell Grant in conjunction with AECPP."
10. "In return for acceptance into the AECPP program, I understand that I am required to take my Bachelors of Science in Nursing Degree training in English **ONLY.**"
11. "I am not currently scheduled for or attending MOS training as a result of reclassification or reenlistment retraining contract. I have not applied for reclassification or reenlistment retraining and will not apply for such training while an

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applicant for this program. My current service remaining requirement, for my most recent training, expired (or will expire) on_____.” (place a date)

12. “I have submitted ALL transcripts / documents identifying ALL post high school courses of instruction.”

13. “If my current or subsequent application for another service school is approved and I attend training, I understand that I may incur an additional service remaining requirement. I further understand I may be ineligible for enrollment into the AECp until all or parts of my service remaining requirements are met.”

14. “I can be reached at the following addresses”: (Include unit of assignment, DSN, commercial work phones, residence address, home phone number and e-mail address). I accept the responsibility to inform HQ USAREC ATTN: RCHS-AN-(AECp) of ALL changes of assignment and address in a timely manner.”

The applicant’s signature block and signature

Name
Rank/USA
Title

Witnessing Officer’s signature block and signature

Name
Rank/Branch
Title

RGHS-AN (AECF)

SUBJECT: Army Medical Department (AMEDD) Enlisted Commissioning Program (AECF) FY 04
Information and Application Guidelines

ENCLOSURE 3

Your Unit Letterhead

Department of the Army
(Your Unit address street)
(Your Unit address Post/zip code)

Date of Letter (dd/mm/yyyy)

MEMORANDUM FOR Commander, HQ, USAREC, ATTN: RCRO-HS-AN-(AECF), Room 2002, 1307 3rd Avenue, FT
Knox, KY 40121-2726

Subject: Letter of Purpose and Intent

- State your name, SSN and a statement requesting that you wish to be considered into the program and why.
- A brief statement expressing why you think you should be considered.
- Explanation on why you want to be an Army Nurse.
- List in order of preference the colleges you wish to attend and a brief explanation as to why you chose each college.
- Any other information that you think the board needs to know that would help in the consideration process.

Signature block and signature

Name

Rank/USA

Title

RCHS-AN (AECF)

SUBJECT: Army Medical Department (AMEDD) Enlisted Commissioning Program (AECF) FY 04
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ENCLOSURE 4

APPLICATION FOR APPOINTMENT										
For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER										
DATA REQUIRED BY THE PRIVACY ACT OF 1974										
AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)										
PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.										
ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.										
DISCLOSURE: Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.										
1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED					2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable)					
<input checked="" type="checkbox"/> COMMISSIONED OFFICER - REGULAR ARMY <input type="checkbox"/> COMMISSIONED OFFICER - ARMY RESERVE <input type="checkbox"/> WARRANT OFFICER - REGULAR ARMY <input type="checkbox"/> WARRANT OFFICER - ARMY RESERVE <input type="checkbox"/> OFFICER CANDIDATE SCHOOL					3. GRADE FOR WHICH APPLYING (Reserve appointments only) 4. SOURCE OF APPLICATION (ROTC only) DMG DATE DESIGNATED: SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:					
6. BRANCH AND SPECIALTY PREFERENCES					5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS (List choice by MOS code and title)					
Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS. USAR applicants: If applying for a specific Reserve vacancy, indicate ONLY the branch of the vacant position; all other applicants may enter more than one branch.					a. MOS CODE b. MOS TITLE					
PERSONAL DATA										
PREFER- ENCE	BRANCH	SPECIALTY	7. NAME (Last, first, middle)(Explain variations from birth certificate in Item 41)			8. GRADE	9a. SOCIAL SECURITY NUMBER			
			Snuffy, Joe E			E-5	123-45-6789			
			10. BRANCH (MOS if not Lt Col)	11. TOTAL YRS ACTIVE SERVICE	12. MARITAL STATUS	13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE		9b. SELECTIVE SERVICE NUMBER		
	AD		79R20	5	S,M,D	2				
	AG		14. DATE OF BIRTH		15. PLACE OF BIRTH (City, county, state)		16. SEX		17. COMPLETE MILITARY ADDRESS (If presently on active duty) (Include ZIP Code)	
	AR		19670101		Wildwood, TN		M		A,Co 187th, Student Detachment Ft Sam Houston, Tx 78234 PHONE AND/OR AUTOVON NUMBER 221-210-1983	
	AV		18. PERMANENT ADDRESS (Include ZIP Code)			19. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code)				
	CA		11111 Dirty Drive Wildwood, TN 77777			Your School Address and Number				
	CM		PHONE (Include area code) 111-222-3333			PHONE (Include area code)				
	EN		20. US CITIZEN	a. NATIVE	b. NATURALIZATION	c. APPLICANT'S CERTIFICATE NO. (If Item b. checked) (Date, place, court)				
	FA		<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> DERIVED	If Applicable				
	FI		<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> IMMIGRANT					
	IN		21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel)							
	MI		a. HIGH SCHOOL GRADUATE			b. NAME AND LOCATION OF HIGH SCHOOL				
	MP		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Wildwood High School				
	OD		c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED (Include USMA, USNA, USAFA, USCGA, and USMMA)		(1) DEGREE	(2) SEMESTER CREDITS EARNED	(3) YEARS ATTENDED	(4) DATE GRADUATED OR WILL GRADUATE		
	QD							DAY	MONTH	
	QF							YEAR	(5) MAJOR SUBJECT	
	QI									
	QJ									
	QK									
	QL									
	QM									
	QN									
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	WX									

RCHS-AN (AECP)

SUBJECT: Army Medical Department (AMEDD) Enlisted Commissioning Program (AECP) FY 04
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24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, attach affidavit)					
25. <input type="checkbox"/> I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.					
26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$100 or less).					
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.					
Very Important					
27. ACTIVE MILITARY SERVICE (Indicate tour with each organization separately - show ROTC Camps in Item 39)					
a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)
		FROM	TO		e. HIGHEST GRADE AND COMPONENT
ENLISTED	US Army	Enlisted	Current	79R20	E-5/AC
WARRANT OFFICER					
COMMISS- SIONED					
f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES <u>ETS Date</u> g. DATE OF LAST ADL PROMOTION					
28. RESERVE OR NATIONAL GUARD SERVICE (Not on active duty)					
a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)
		FROM	TO		e. HIGHEST GRADE AND COMPONENT
ENLISTED					
WARRANT OFFICER					
COMMISS- SIONED					
29. SOURCE OF CURRENT COMMISSION (If applicable)			30. AWARDS (Do not list theater or service medals)		
ARRGUS: <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT			MSM-5, ARCOM-5, AAM-1		
USAR: <input type="checkbox"/> ROTC <input type="checkbox"/> ROTC (IECP) <input type="checkbox"/> ROTC (SMP) <input type="checkbox"/> OCS					
<input type="checkbox"/> DIRECT APPOINTMENT					
31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC <input type="checkbox"/> YES <input type="checkbox"/> NO b. OCS <input type="checkbox"/> YES <input type="checkbox"/> NO					
c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)			YES	NO	d. APPOINTMENT IN REGULAR ARMY
AS A WARRANT OFFICER					AS A WARRANT OFFICER
AS A COMMISSIONED OFFICER					AS A COMMISSIONED OFFICER
e. IF ANSWER IS "YES", EXPLAIN FULLY					
32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment)					
33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED (other than regular furlough or leave), OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? (If yes, state circumstances; if more space is required, continue on separate sheet).					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

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34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY				35. APPLICANTS FOR CHAPLAINS BRANCH ONLY	
BARS OF WHICH YOU ARE A MEMBER (Specify dates)				RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED	
36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY					
a. TRAINING		b. NAME AND LOCATION OF HOSPITAL		c. DATES (Month and Year)	
LEVEL	TYPE			FROM	TO
INTERNSHIP					
RESIDENCY TNG					
SPECIALTY TNG					
d. SPECIALTY BOARDS				e. DATES OF CERTIFICATION (Day, Month, Yr)	
f. PLACE IN WHICH CURRENTLY LICENSED					
37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY					
a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL			b. LOCATION		
c. DATES OF ATTENDANCE (Mo, Yr)		d. STATE AND CURRENT REGISTRATION NUMBER		e. STATE AND DATE OF INITIAL REGISTRATION (Day, Month, Year)	
FROM	TO				
f. POSTGRADUATE COURSES (Include courses at general hospitals, service schools, and short courses)					
(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3) SEMESTER CREDITS EARNED	(4) DATES OF ATTENDANCE (Month, Year)		
			FROM	TO	
38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? (If yes, give dates)					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
39. ARMY ROTC (To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)					
SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS					
COURSE	DATES ATTENDED (Month and Year)		c. CAMP TRAINING		
	FROM	TO			
a. BASIC			(1) INSTALLATION (Basic)		COMPLETION DATE (Month, Year)
b. ADVANCED			(2) INSTALLATION (Advanced/Ranger)		COMPLETION DATE (Month, Year)
40. MAIN CIVILIAN EMPLOYMENT					
a. NAME AND ADDRESS OF EMPLOYER		b. JOB TITLE		c. MONTH AND YEAR	
				FROM	TO
b. PRINCIPAL DUTIES (Describe briefly)					
41. REMARKS (Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d,e, AR 601-100). (If more space is required, attach additional sheet)					
42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		DATE	SIGNATURE OF APPLICANT		

RCHS-AN (AECP)

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THIS PAGE NOT TO BE COMPLETED BY APPLICANT		
PART I - RECOMMENDATION FOR APPOINTMENT OF ROTC GRADUATE AS A (REGULAR) OR (RESERVE) COMMISSIONED OFFICER OF THE ARMY (AR 601-100, AR 145-1) (To be completed by PMS only)		
FROM: (Name and Address of Institution)		TO: (Appropriate Region Commander)
<p>a. APPLICANT WILL HAVE SUCCESSFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIBED COURSE FOR THE UNIT ON _____ (Date)</p> <p>b. APPLICANT <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAMP TRAINING.</p> <p>c. APPLICANT <input type="checkbox"/> WILL HAVE ATTAINED <input type="checkbox"/> WILL NOT HAVE ATTAINED, A BACCALAUREATE DEGREE UPON SUCCESSFUL COMPLETION OF THE ROTC COURSE.</p> <p>d. I CONSIDER APPLICANT PHYSICALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUALIFIED FOR APPOINTMENT AS A <input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE COMMISSIONED OFFICER OF THE ARMY RECOMMEND HIS APPOINTMENT.</p> <p>e. APPLICANT WILL ATTAIN FULL QUALIFICATION FOR, AND SHOULD BE APPOINTED ON _____ (Day, Month and Year)</p>		
DATE	BRANCH FOR ASSIGNMENT	SIGNATURE AND GRADE (PMS)
PART II - RECOMMENDATION FOR APPLICANTS FOR OCS ONLY (AR 351-5)		
a. STATEMENT		
TO:		DATE
<p>1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____</p> <p>2. I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT RECOMMEND THE APPLICANT.</p> <p>3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).</p>		
ENCLOSURES		SIGNATURE
ORGANIZATION		TYPED NAME, GRADE AND TITLE
b. STATEMENT		
TO:		DATE
<p>1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____</p> <p>2. I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT RECOMMEND THE APPLICANT.</p> <p>3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).</p>		
ENCLOSURES		SIGNATURE
ORGANIZATION		TYPED NAME, GRADE AND TITLE

RCHS-AN (AECP)

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ENCLOSURE 5

APPLICATION CHECKLIST

(Submit this checklist with application)

- _____ 1. DA Photo (centered and glued to a plain piece of 8.5x 11 bond paper).
- _____ 2. ERB (ALL applicants) and print out of records from AKO personnel files.
- _____ 3. Microfiche [see 4.d]
- _____ 4. DA Form 4187 [see 4.e]
- _____ 5. MILPO Eligibility Statement[see 4.f]
- _____ 6. A copy of your LAST PCS orders
- _____ 7. AECP Applicants Letter of Understanding [see 4. h]
- _____ 8. Commissioning Physical Examination (DD 2807/ 2808) AR 40-501, Chapter 2 [see 4.i]
- _____ 9. Verification of Security Clearance [see 4.j]
- _____ 10. Letter of Purpose and Intent [see 4.k]
- _____ 11. Letters of Recommendation [see4.l]
 - _____ a. Applicant's Commander
 - _____ b. Applicant's Immediate Supervisor
 - _____ c. Chief Nurse (91 Series MOS)
 - _____ d. Others (not to exceed two (2))
- _____ 12. One set of Official transcripts from ALL schools attended [see 4.m]
- _____ 13. School acceptance Letters [see 4.n]
- _____ 14. DA Form 61 [see enclosure 5 and 4.o]
- _____ 15. Request for Conviction Waiver Affidavits (if applicable) [see 4.p]
- _____ 16. Other supporting documentation [see 4.q]